YOU INTENDED TO...	YOUR VEHICLE	WEATHER CONDITIONS	YOUR RESIDENCE

YOU INTENDED TO...
- ☐ Go straight ahead
- ☐ Make right turn
- ☐ Make left turn
- ☐ Make "U" turn
- ☐ Back–Up
- ☐ Enter driveway (also mark left or right turn)
- ☐ Remain stopped in traffic
- ☐ Enter parked position
- ☐ Slow or Stop
- ☐ Leave driveway (also mark left or right turn)
- ☐ Start in traffic lane
- ☐ Leave parked position
- ☐ Remain parked
- ☐ Overtake and pass

YOUR VEHICLE
- ☐ Passenger car or van, pickup
- ☐ Any of the above and trailer
- ☐ Taxicab
- ☐ Bus
- ☐ Other publicly-owned vehicle
- ☐ Truck tractor & semi–trailer
- ☐ Farm tractor/farm equipmnt
- ☐ Military vehicle
- ☐ School bus
- ☐ Other_____
- ☐ Other truck combination
- ☐ Emergency vehicle
- ☐ Motorcycle
- ☐ Motor–scooter/bike
- ☐ Truck/truck tractor

WEATHER CONDITIONS
- ☐ Clear
- ☐ Raining
- ☐ Snowing
- ☐ Fog
- ☐ Other

ROAD SURFACE
- ☐ Dry
- ☐ Wet
- ☐ Snowy
- ☐ Icy
- ☐ Other

LIGHT CONDITIONS
- ☐ Daylight
- ☐ Dawn or dusk
- ☐ Darkness (lighted)
- ☐ Darkness (unlighted)
- ☐ Other

YOUR RESIDENCE
- ☐ Local resident (within 25 miles of accident site)
- ☐ Residing elsewhere in stat
- ☐ Non–resident of this state:
  - ☐ College student
  - ☐ Military
  - ☐ Temporary job

YOU WERE HEADED
- ☐ North   ☐ East
- ☐ South   ☐ West

On: _____ (name of street, road or route)

OTHER DRIVER WAS HEADED
- ☐ North   ☐ East
- ☐ South   ☐ West

On: _____ (name of street, road or route)

Were occupants of the other vehicle(s) injured? ☐ YES ☐ NO
Did a police officer come to the scene? ☐ YES ☐ NO
If yes, name of police department: _____
☐ City ☐ County ☐ State Police
Was a citation issued to you? ☐ YES ☐ NO

WITNESS INFORMATION: _____

If this accident involved a pedestrian or bicyclist, complete the following:

PEDESTRIAN / BICYCLIST NAME

Pedestrian or bicyclist was going:
☐ N   ☐ S   ☐ E   ☐ W

ALONG OR ACROSS: (name of street, road or route)

From:

To:

EXAMPLE: (From: NE corner To: SE corner (or) From: East side To: West side, et

Sex and age of pedestrian / bicyclist:
☐ Male ☐ Female Age: _____

Extent of pedestrian / bicyclist injury:
- ☐ Dead
- ☐ Incapacitated
- ☐ Visible injury
- ☐ Possible injury
- ☐ No apparent injury

Pedestrian / bicyclist action: (mark one)
- ☐ Crossing at intersection or crosswalk
- ☐ Crossing **not** at intersection or crosswalk
- ☐ Walking / riding in roadway with traffic
- ☐ Walking / riding in roadway **against** traffic
- ☐ Standing in roadway
- ☐ Pushing or working on vehicles in roadway
- ☐ Other working in road
- ☐ Playing in road
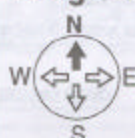- ☐ Hitchhiking
- ☐ Not in roadway
- ☐ Other_____ (specify)

DRIVER AND PASSENGER INJURY AND SAFETY EQUIPMENT INFORMATION

SAFETY EQUIPMENT CODES
WRITE (in column **C**)
- 0 No seat belt available
- 1 Seat belt available but NOT used
- 2 Seat belt available and in use
- 3 Child restraint device available
- 4 Child restraint device in use
- 5 Helmet NOT in use
- 6 Helmet in use
- 7 Air bag deployed
- 8 Air bag available - NOT deployed
- 9 Air bag NOT available

INJURY CODE FOR OCCUPANTS
WRITE (in column **D**)
- 1 Dead as a result of the accident
- 2 Incapacitated - unconscious, could not walk, broken or distorted limbs, etc.
- 3 Visible injury - lump, abrasion cuts
- 4 Momentary unconsciousness, complaint of pain, nausea, limping
- 5 No apparent injury

SEAT POSITION	PASSENGER'S NAMES (your vehicle)	A SEX	B AGE	C SFTY EQP	AIR BAG	D INJURY
DRIVER						
FRONT CENTER						
FRONT RIGHT						
REAR LEFT						
REAR CENTER						
REAR RIGHT						

Vehicle Damage

USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)
- ☐ Vehicle towed
- ☐ Rollover
- ☐ Under car
- ☐ Totaled
- ☐ Unknown

Diagram

Number each vehicle: 1 2
Show path by: ⟶
Show pedestrian by: ◯
Show railroad tracks by: +++++++++++++

N
W ⟸ ⟹ E
S

_ _ _ (name of street, road or route)

_ _ _ (name of street, road or route)